

Record Layout for Submitting New Hire Information Via Secure and Encrypted Web File Transfer

Name	Type	Mandatory	Rel. Posn.
Record Code 'D'	A1	Yes	1
Federal EIN	N9	Yes	2
State EIN	A12	No	11
Employer Name	A45	Yes	23
Payroll Address Line 1	A40	Yes	68
Payroll Address Line 2	A40	No	108
Payroll Address Line 3	A40	No	148
Payroll City	A25	Yes	188
Payroll State	A2	Yes	213
Payroll Zip	N5	Yes	215
Payroll Zip Ext.	A4	No	220
Payroll Foreign Country Code	A2	No	224
Payroll Foreign Country Name	A25	No	226
Payroll Foreign Zip	A15	No	251
Claim Address line 1	A40	No	266
Claim Address line 2	A40	No	306
Claim Address line 3	A40	No	346
Claim City	A25	No	386
Claim State	A2	No	411
Claim Zip	N5	No	413
Claim Zip Ext.	A4	No	418
Claim Foreign Country Code	A2	No	422
Claim Foreign Country Name	A25	No	424
Claim Foreign Zip	A15	No	449
Date Sent	N8	No	464
Employee SSN	N9	Yes	472
Employee First Name	A16	Yes	481
Employee Middle Name	A16	No	497
Employee Last Name	A30	Yes	513
Employee Address Line 1	A40	Yes	543
Employee Address Line 2	A40	No	583
Employee Address Line 3	A40	No	623
Employee City	A25	Yes	663
Employee State	A2	Yes	688
Employee Zip	A5	Yes	690
Employee Zip Ext.	A4	No	695
Employee Foreign Country Code	A2	No	699
Employee Foreign Country Name	A25	No	701
Employee Foreign Zip	A15	No	726
Employee Date of Birth	N8	No	741
Employee Date of Hire	N8	No	749
Employee State of Hire	A2	No	757
Filler (Spaces)	A8	No	759

Trailer Record

Name	Type	Mandatory	Rel. Posn.
Record Code 'T'	A1	Yes	1
Employer Name	A45	Yes	2
Total Number of Records	N9	Yes	47
Filler 'Spaces'	A711	Yes	56

Record Code

State Record Code. This is a mandatory field. 'D' indicates an employee new hire record.

Federal EIN

Federal Employer Identification Number

This is a mandatory field. There are very few situations where this information would not be available. If present must be numeric.

State EIN

This is the Job Service Number assigned to employer.

Employer Name

Mandatory - At least two characters required.

Payroll Address Line 1

Mandatory - At least two characters required.

Payroll Address Line 2

If the address line is < 40 characters, do not concatenate into one line.

Payroll Address Line 3

If the address line is < 40 characters, do not concatenate into one line.

Payroll City

Mandatory - At least two characters required.

Payroll State

Mandatory - At least two characters required.

Payroll Zip

Mandatory - Must be numeric.

Payroll Zip Ext.

If present, must be numeric.

Payroll Foreign Country Code

Optional - If present must conform to US Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995)

Payroll Foreign Country Name

If present, at least 2 characters required.

Payroll Foreign Zip**Claim Address line 1**

This address will be blank if only collecting one address. If there is a second address, it should be the address where Income Withholding orders could be sent. (IE: C/O Payroll Processing Company)

Claim Address line 2

This address will be blank if only collecting one address. If there is a second address, it should be the address where Income Withholding orders could be sent. (IE: C/O Payroll Processing Company)

Claim Address line 3

This address will be blank if only collecting one address. If there is a second address, it should be the address where Income Withholding orders could be sent. (IE: C/O Payroll Processing Company)

Claim City

If present, at least two characters required.

Claim State

If present, valid state or territory abbreviation.

Claim Zip

If present, must be numeric

Claim Zip Ext.

If present, must be numeric

Claim Foreign Country Code

Refer to US Department of Commerce FIPS Code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995)

Claim Foreign Country Name

If present, at least 2 characters required.

Claim Foreign Zip

Date Sent

Employer transmission date.

If present must be valid date format. YYYYMMDD

Employee SSN

Mandatory - Numeric - As reported by employee.

Employee First Name

At least 1 character must be present and no special characters are allowed.

Employee Middle Name

If present, must be at least one character and contain no special characters.

Employee Last Name

At least 1 character must be present and no special characters.

Employee Address Line 1

Must be present (non-blank).

Employee Address Line 2

If your address line is < 40 characters, do not concatenate into one line.

Employee Address Line 3

If your address line is < 40 characters, do not concatenate into one line.

Employee City

Must be at least 2 characters with no special characters.

Employee State

Must be a valid state or territory abbreviation.

Employee Zip

Must be numeric

Employee Zip Ext.

If present, must be numeric.

Employee Foreign Country Code

Optional - If present must conform to US Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995)

Employee Foreign Country Name

If present, must be at least 2 characters.

Employee Foreign Zip**Employee Date of Birth**

If present must be numeric and valid date format YYYYMMDD.

Employee Date of Hire

If present must be numeric and valid date format YYYYMMDD.

Employee State of Hire

State where employee was hired.

If present, must be alphabetic state or territory abbreviation.

Record Code

State Record Code. This is a mandatory field. 'T' indicates a Trailer record.

Employer Name

Mandatory - At least two characters required.

Total Number of Records

Number of records in batch. (Including the Trailer). Must be numeric

Notes:

1. Batch the records by employer. On change in Employer, a Trailer record needs to be formatted and written before the next batch can be sent.

**APPLICATION FOR SUBMITTING NEW HIRE DATA TO THE NORTH DAKOTA
STATE DIRECTORY OF NEW HIRES VIA SECURE AND ENCRYPTED WEB FILE
TRANSFER**

Name of Employer

Address

Federal EIN

By making this application to the North Dakota Department of Human Services, Child Support Division (DHS), for the approval to submit new hire reports via web file transfer for the North Dakota State Directory of New Hires (SDNH) the undersigned agrees to the following:

- To submit new hire reports in the record layout provided by the SDNH.
- To correct any programming errors should the records sent be unreadable or corrupted.
- To report new hires within 20 days. If necessary to meet the reporting requirements, reports may be sent twice monthly, not less than 12 days nor more than 16 days apart.
- To notify the federal Office of Child Support Enforcement at the following address if the undersigned is a multi-state business and is choosing to report new hire information electronically to the state of North Dakota rather than to another state:

Department of Health and Human Services, Multi-state Employer Registration, Office of Child Support Enforcement, Box 509, Randallstown, MD 21133 or go to
<http://www.acf.dhhs.gov/programs/cse/newhire/employer/home.htm> or
<http://151.196.108.21/ocse/>

For purposes of this application, the employer's contact person is:

Name

Telephone #

Fax #

SIGNED _____ DATED _____
Employer Representative

Application accepted by ND SDNH _____
Date